

Use of Simulation to Orient Travel Nurses and New Hires to Unwanted Sedation in the Trauma PACU

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Introduction: Unwanted sedation is an infrequent, yet serious complication that can occur in the PACU (Phase 1 of recovery). This prioritizes the need for vigilant nursing assessment with opioid administration and early recognition of unwanted sedation in the PACU setting.

Identification of the Problem: New hire nurses in the trauma PACU have different orientation lengths based on experience, making standardization of education on unwanted sedation variable across nurse hire types, including travel nurses. High operational vacancy rates related to the Covid-19 Pandemic have necessitated the frequent use of travel nurses, who have a typical orientation of 2-3 days. This creates a challenge for preceptors and presents a patient safety risk related to decreased familiarity with the PACU specialty and shorter orientations.

QI Question/Purpose of the Study: Could incorporating a simulation lab in the onboarding process help mitigate risks and improve standardization of education on unwanted sedation? Purpose: To use high-fidelity simulation to educate and evaluate PACU nurses about unwanted sedation that can occur during Phase 1 of recovery in post-operative patients.

Methods: Development and implementation of an evidence-based simulation scenario incorporating known risk factors and prompting nurse driven interventions. A Pre and Post simulation quiz was administered to assess knowledge, level of comfort managing pain in Phase I of recovery and level of comfort recognizing unwanted sedation.

Outcomes/Results: Participants exhibited an improvement in knowledge of unwanted sedation and reported an overall improvement in level of comfort in recognizing unwanted sedation. Of note, most participants reported a decrease in level of comfort in managing pain in Phase 1 of recovery.

Discussion: Overall, there was positive feedback from participants and post-simulation debriefings triggered many robust discussions about other complications/scenarios that could occur in the trauma PACU. Other nurse leaders have taken interest in utilizing unwanted sedation simulation for their units.

Conclusion: Use of high-fidelity simulation and post-simulation debriefing to expose new hires and travel nurses to unwanted sedation can help standardize the onboarding education to the PACU specialty thus mitigating patient safety risks related to unwanted sedation.

Implications for perianesthesia nurses and future research: Addressing the increased prevalence of travel/agency nurses within perianesthesia settings, use of simulation should

be considered to efficiently, effectively and safely integrate nurses to the specialty while evaluating competency.